

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name				Office:	
JAMES HAMPER			:	☑ House	□ Senate
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TAMES HAMPER Mailing address 1023 KING ST				10	0
City, zip code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	eksendik kakanimi miladi ila madikan i zanama miladika tandish i Yahazi Asarak i samad	uni fari Euroce (tas di viño a fas diguma, francosas arabiem aras empresas acques as q	Phone 539 4	ALL COLUMNA AND MILLOR ALCOHOLOGY AND COLUMN TO A TOTAL COLUMN AND COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO
OxFORD 04Z	70			539 9	536
PART 1. INCOME	DERIVE	D FROM EMPLOYI	MENT BY ANOT	THER	
List the name and address of each employer from economic activity of each employer.	n whom yo	u received compensa	tion of \$1,000 or	more. Specify th	e principal type of
Name of Employer		Address			pe of Economic of Employer
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			Wilder		
	Green Harriston Control	RIVED FROM SELF			
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and I	ist the major areas of	economic activity		
Name and Address of Business Entity		Major Areas of Ec		A (partnership, as	is of Economic ctivity ssociation or similar ess entity)
Name:	-	* mananamidan			
Address:		Yes and the second seco			
Name:			The second secon		
Address:		Videnmerstatement		AAA maaa AAAA maa	
			MANAGEMENT	90.0.0	·

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e	ROM SELF-EMPLOYM employed.)	IENT
B. List each source of income derived from self-employment that represents a greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethentity or person from whom the income was derived.	erson from whom you der	rived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		STORMAR PROTESTING AREA POST STORMAR AREA AND AND AND AND AND AND AND AND AND AN
Name:	overweby (foo	
Address:	Ì	Makaka Makaka Maraka da Sanaka Sanaka Sanaka Sanaka Sanaka Maraka Maraka Maraka Maraka Maraka Maraka Maraka Ma
PART 3. MAJOR AREAS OF (For Legislators who are attorneys		
List your major areas of practice. If associated with a law firm, list the major are	eas of practice of your firm.	
Name and Address of Firm	Major Areas of Practi (self)	ice Major Areas of Practice (firm)
Name:	The state of the s	(NORMAC and Applications of the Applications o
Address:		
Name:	Personal Property Control of the Con	The state of the s
Address:	en elektronista	a La Constantina
PART 4. OTHER SOURCES	OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		s. If none, check the box.
None	volusianna lovely-de-linia-delinied/III II-fazikii-EIIIPF-(ARAMIII60AAA)9999/AP994	on the distribution of the transfer of the desired and the d
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	erevery@rm1b00	
Address:	and the second	
Name:	To the second se	######################################
Address:	Billin er rölder Ekknar	
DADT 5 DEDODTADI E I	ADU ITIES	
PART 5. REPORTABLE LI. List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y	50.85 at 5	eporting period and list the major
areas of economic activity of each creditor. Do not list credit card liability or loan	ns from a relative. If none,	, check the box.
□ None		Principal Type of Economic
Name and Address of Creditor		Activity of Creditor
Name:	Анденостопа	
Address:		
Name:	godchamithemiń	
Address:	Mondivi	

PART 6	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts with an aggregate v	value of more	e than \$300 from a single source. If
□ None			$e^{-i\phi \Phi_{0}} d^{2} d^$
Name of Source of Gift 1.	3.	Name of	Source of Gift
2.	4.		
PART 7. RI List the source of any honoraria accepted for appearances or None	EPORTABLE HONORARI		onsibilities. If none, check the box.
Name of Source of Honoraria		Name of So	urce of Honoraria
1.	3.	Inherence	**Ameri (Shurken) Amerika (Afrika yang amara amin unununununununun unununun ununun ununun unun u
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PART 8. REPRESENT List each executive branch agency before which you represe	TATION BEFORE STATE ented or assisted others for contents.		
None		ڞۺٵڂۿڟڞۼڟڞٷۼڂۿۺڝؿٷۼڿڽۻٷڿؿٷڝؿٷڿٷٷۼؿۼ ۼڞڞڰڂۿڟڞٷۼڂۿڞڝؿٷۼؿۼؿۼۼؿۼؿٷۼؿٷۼؿۼٷۼۼٷۼۼٷۼۼۼٷۼۼۼٷۼۼۼۼۼٷۼۼۼۼۼۼ	API II nich in Stellen auf der Welter der Abertan einem Auszen der Einzelen zu zu erweiten gezung zu gestellt der Stellen der Stellen der Abertan der
Name of Agency		Name	of Agency
1.	3.	ATH-CONTROL COMPANIES AND	Metandirum Bahtunassasaharraya jirophpiistalahassakkahakkahakkakkahahasunaturuh jugupunas
2.	4.		
	NESS WITH STATE AGEN		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods or	r services with a value in excess of
None		eg elektrik et translatel professorier er en	
Name of Agency 1.	3.	Name	of Agency
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2.	4.	Action the second secon	
PART 10. INCOME RECEIVI	ED BY MEMBERS OF IM	VEDIATE F	AMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If you include gifts.	received by your spouse c	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Job Title: TANK MANAGER	1. BANKING 2. 3.	Spouse or Domestic Partner	1. EMPLOYMENT 2. 3.
		Dependent	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Child Dependent	
activity and the kind of income.		Child Dependent	promotion M finite combinate and company and page page for the company of the company of the combinate and company of the company of the combinate and company of the combinate and comb
	, 	Child	

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SIGNATURE A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Part/Section		and Address		Rv:		
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PART 11. OFFICER OR DIRECTOR POSITIONS